

Autism Care UK (4) Limited

Tanglewood Mews

Inspection report

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Stanley
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26 January 2021

03 February 2021

22 February 2021

11 March 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tanglewood Mews is a care home providing accommodation and personal care for up to seven people with physical and/or learning disabilities. Care is provided in a purpose-built house over two floors. At the time of inspection there were five people living at the home. The service also provides personal care to people living in supported living. There were 14 people receiving personal care at the time of our inspection.

People's experience of using this service and what we found

There were some omissions and inconsistencies that the provider's auditing system had not identified. We found that some records required a review to ensure they reflected people's current needs and guidance.

We have made a recommendation about the provider improving auditing processes.

When we visited the service, the registered manager was no longer in post and the home was being managed by an interim manager. During the inspection a permanent manager was appointed and applied to be registered with the Care Quality Commission.

People who used the service, relatives, staff and professionals told us they felt management were approachable and knowledgeable about the service. Most staff told us there had been recent improvements in the service. Some staff told us, however, that they did not always feel involved in the running of the service and were not asked for their views on how it could develop.

We observed staff following infection prevention and control guidance including wearing appropriate personal protective equipment. The environment was clean, and the management made checks of safety and cleanliness. The service was maintained to a good standard and people's rooms/apartments were personalised. Where people had complex needs the service was working to make the environment as safe and suitable as possible.

There were arrangements in place to ensure people received their medicines safely and when required. Staff undertook training in the safe management of medicines and regularly had their competencies assessed to ensure they were following the correct practices.

There were enough staff to meet people's care needs. The service followed safe recruitment practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 September 2019).

Why we inspected

The inspection was prompted in part due to concerns received about management support, infection prevention and control and staffing levels. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained at Good at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Well-Led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tanglewood Mews.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Tanglewood Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Tanglewood Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager started in the service during the inspection and applied to be registered. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. Once a manager is registered, they have legal responsibility alongside the provider.

This inspection was unannounced.

We visited the home on 26 January 2021 and continued to collect evidence towards the inspection until 11 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service. Some people who used the service were not able to verbally communicate with us in detail, but we observed how they interacted with staff. We spoke with three members of staff including the manager and deputy manager. We looked at multiple medicine's records and records around people's daily care. We also looked at records in relation to infection prevention and control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke via telephone with a professional who regularly visits the service and four relatives about their experience of the care provided. We also spoke with three care staff, the new manager and area manager. We looked at training data and quality assurance records. This included two people's care records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to respond to safeguarding concerns.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Staff were confident about reporting concerns to management and these being acted on appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were not always up to date. We found that although staff had good knowledge of how to support people safely some people's risk assessments had inconsistencies and were overdue for review.
- Risk assessments were in place in relation to the environment and risks had been mitigated.

Staffing and recruitment

- There were enough staff on duty to keep people safe.
- We observed staff to be unhurried and able to spend time engaged in activities with people during our visit.
- Some staff told us that due to the pandemic staffing levels were lower than they previously had been. However, they felt tasks were manageable and care was still delivered to meet people's needs. Management explained that staffing levels had been altered to reflect the changes in people's activities during the pandemic but were not below the planned minimum level.
- Recruitment was safe. There were processes in place and recruitment checks were carried out before staff were appointed.

Using medicines safely

- People's medicines were managed safely.
- Medicines administration records showed people received their medicines as prescribed.
- Care staff received training and competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

As part of CQC's response to the coronavirus pandemic we are conducting a review of infection prevention and control measures in care homes during our inspections.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them happening again in the future. There were processes in place to share learning with staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager formally registered with the CQC at the home, during the inspection the manager applied to be registered. The provider had maintained oversight of the service in the absence of a registered manager.
- Quality systems within the home were not always robust.
- The management had undertaken a range of quality checks and audit processes. However, these had failed to identify some omissions and issues identified at this inspection. For example, care reviews were not always up to date and there were some inconsistencies in these files. Assessments did not always follow the most up to date guidance. Systems did not always support staff being clear about their duties, for example they did not identify who the first aiders were on each shift.

We recommend that the provider continues to develop quality assurance arrangements to ensure they are robust and identify current and potential concerns and areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had not been a consistent manager at the service.
- Staff felt that the culture and management of the home had improved recently, they felt able to approach the management with concerns and were confident these would be addressed.
- Some staff, however, expressed not feeling part of the wider staff team and having little opportunity to influence the running of the service. Since coming in to post the manager had taken steps to address this, such as having a meeting to introduce herself to staff and creating a staff newsletter.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibility under the duty of candour. There had been no specific instances where they had been required to act on this duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gather feedback from people and relatives.
- People and their relatives told us they felt listened to and that the service responded to their comments.

- During the pandemic people had been supported to maintain contact with their loved ones. In the absence of face to face visits, telephone and skype calls had taken place.

Continuous learning and improving care

- There was evidence of recent improvements and developments in the service and the manager demonstrated a commitment to improvement.
- The manager was taking immediate steps to address concerns raised at the inspection.

Working in partnership with others

- Feedback from relatives and professionals supported that the service was proactive at linking with partner agencies. We also saw evidence of this in people's care files.